

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.H.	54	07-15-01
O.I.P.E. CLASSIFIER		1121	831
FORMALITY REVIEW	K.D.		8-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
✓ 1	07/12/01
✓ 2	
✓ 3	
✓ 4	
✓ 5	
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✓ 49	
✓ 50	

Claim	Date
Final Original	
✓ 51	05/12/01
✓ 52	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

12/1/01

901 1.10